



Belk Bowl Replacement Ticket Request Form



Date: _____ Account #: _____

Account Name: _____
(Please Print Clearly)

Contact Name: _____

Day Phone: () - _____ Cell Phone: () - _____

Evening Phone: () - _____ Email: _____

Replacement Ticket Request Information

Specific Seats to be Reprinted:

*** If more space is needed, please provide a separate sheet of paper ***

Section _____	Row _____	Seats _____	-
Section _____	Row _____	Seats _____	-
Section _____	Row _____	Seats _____	-

Will Call Name: _____

(Please Print Clearly) *** Tickets may only be held in ONE name *** PHOTO ID REQUIRED ***

Reason for Replacement Tickets / Additional information

- | | |
|---|--|
| <input type="checkbox"/> Lost
<input type="checkbox"/> Stolen ** Must provide copy of police report **
<input type="checkbox"/> Damaged
<input type="checkbox"/> Tickets Left at Home | <input type="checkbox"/> Other - Please Specify below

_____ |
|---|--|

The undersigned requests the Belk Bowl Ticket Office to issue a replacement ticket for entry and seating for their seat location for the Belk Bowl Game. The undersigned agrees to hold harmless the Belk Bowl Ticket Office, Charlotte Collegiate Football, Inc., the Atlantic Coast Conference, the Big East Conference, Panthers Stadium, LLC and the Carolina Panthers, their employees and officers from and against any and all claims, suits, demands and damages which may be asserted against or incurred by the Belk Bowl Ticket Office arising out of the issuance, disappearance, delivery or replacement of such tickets, or resulting from any false, incomplete or omitted statements by the understanding of the situation by the Belk Bowl Ticket Office.

Authorized Signature: _____

*** Must be signed by the individual whose name appears on the account ***

Replacement Ticket Cost Information

<u>Charge per Ticket</u>	<u># of Tickets</u>	<u>Total Amount Due</u>
\$20.00	x _____	=

*** No charge for stolen tickets if a copy of the police report is provided ***

Payment Options

Credit Card (American Express, Visa, MasterCard or Discover)
 Card #: _____ Exp. Date: _____ / _____

FOR OFFICE USE ONLY

Completed By: _____ Date: _____